

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31297**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **136**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Phelps b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla c. LENGTH OF STAY (in this place) 1 Yr. d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beulah..Rural..Springcreek, Twns d. STREET ADDRESS (If rural, give location) X NEWS Beulah	
3. NAME OF DECEASED a. (First) MARTHA b. (Middle) WEATHERBY c. (Last) AUSTIN		4. DATE OF DEATH (Month) (Day) (Year) Sept. 29 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 14 1862
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX	
11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Weatherby		13b. MOTHER'S MAIDEN NAME Martha	
14. NAME OF HUSBAND OR WIFE John Austin (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack W. Austin, Beulah Missouri.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Intimal fatty deposits	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 weeks Unknown 332X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1949, to 25 Sept, 1950, that I last saw the deceased alive on 25 Sept 1950, and that death occurred at 6:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. V. Evers (Degree or title)		23b. ADDRESS Rolla, Mo	
23c. DATE SIGNED 3 Oct 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	
24b. DATE Oct. 2 1950		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		DATE REC'D BY LOCAL REG. 10-3-50	
REGISTRAR'S SIGNATURE Nadine L. Stoeck		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null, Rolla, Mo.	

OCT 17 1950

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed OCT 10 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Paul E. Null

Licensed Embalmer No. _____

4498

P. O. Address _____

Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.